## PART B - FEE(S) TRANSMITTAL

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m, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

04/18/2006

JOHN S. NAGY (FULWIDER, PATTON, LEE & UTECHT, LLP) I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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Dauglas R. Peterson (Depositor's name) (Signature) (Date)

10/686,326	<del></del>		FIRST NAMED INVENTOR			CONFIRMATION NO.
	10/14/2003	Gary Weller			514362001200	8249
TITLE OF INVENTION: SY	STEM FOR TISSUE APPI	ROXIMATION A	ND FIXATIC	N		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	07/18/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
WOO, JULIAN W		3731 606-153000		•		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion		data will app	T (print or type)  near on the patent. If an assign for filing an assignment.  ENCE: (CITY and STATE OR C	nee is identified below, the control of the control	document has been filed for
Satiety, Inc.			Palo Alto, California02 FC:1504  700.00 0  700.00 0  700.00 0  700.00 0  700.00 0  700.00 0			
			4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. *deficiencies only  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *06-2425 (enclose an extra copy of this form).			
	IALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	cant is no longer claiming SMA ny) or to re-apply any previousl e other than the applicant; a regi	LL ENTITY status. See 37 C	CFR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Douglas

R.

Peterson

**Authorized Signature** 

Typed or printed name \_

July 11, 2006

Registration No.

53,458